BRITISH FENCING EXPENSE CLAIM FORM

BRITISH FENCING FINANCE OFFICE
Tel: 0208 7423032
E-Mail: finance@britishfencing.com

1 BARON'S GATE
33-35 ROTHSCHILD ROAD
LONDON. W4 5HT

FILL IN WHITE BOXES ONLY IN CAPITALS				
PERSONAL DETAILS				
Name:				
Address:				
Postcode:	Tel:			
Email:				

EVENT DETAILS					
Event:					
Date(s):	Role:				
Venue:					

EXPENSES CLAIMED						
7	ravel cost	S	Amount	Nominal	VAT	
Details must be provided overleaf			(£)	Code	(office use)	
Rail fares (inc	luding Un	derground)	£			
Public road fa	Public road fares (coach, bus etc.)					
Air fares	Air fares					
Taxi fares	Taxi fares					
Private car:		miles @25p	£			
Motorcycle:		miles @ 24p				
Passengers:		miles @ 5p				
Car parking	Car parking					
Road / bridge tolls			£			
Hire charges & specific fuel costs			£			
Other travel			£			
Sub-total			£			

EXPENSES CLAIMED					
Acco	mmodation costs	Amount	Nominal	VAT	
Receip	ts must be attached	(£)	Code	(office use)	
Hotel room	& breakfast costs	£			
	Sub-total	£			
Su	bsistence costs	Amount	Nominal	VAT	
Receip	ts must be attached	(£)	Code	(office use)	
Lunch:	x days	£			
Dinner:	x evenings	£			
Travel: deta	ils must be provided overleaf	£			
	Sub-total	£			
	Other Items	Amount	Nominal	VAT	
		(£)	Code	(office use)	
		£			
		£			
		£			
		£			
		£			
	Sub-total	£			
T	otal Claimed	£			

AUTHORISATION					
Claimant's		Date			
Signature*					
Sign off 1		Date			
Budget Holder		Date			
Signature					
Budget		Code			

^{*} Forms received electronically by the claimant are deemed to have been signed.

TRAVEL DETAILS							
Date (dd/mm/yy)	From (inc. postcode)	To (inc. postcode)	Mode of Transport	Private Mileage	Journey Start Time	Journey End Time	Subsistence Costs Claimed
							£
							£
							£
							£
							£
							£
							£
							£
							£
							£
							£
	Total Private Mileage				Total Travel Su	bsistence Costs	£